COMPANY CAPABILITY, EXPERIENCE, AND PAST PERFORMANCE INFORMATION Provide complete and accurate information. Use the Remarks section or continuation sheets as necessary.					
1. Company Name/Business Address/Telephone/Facsimile	2. No mus the Neg a.	Names of Two Principals to Control to the able to speak for the compant Representations and Certification otiators.)	ntact, Title, Telepho y on policy and contr	actual matters. See also	
1a. Submittal is for Parent Company Branch or Subsice 1b. Year Present Company Established:	diary Office b.				
3. Name /Address of Parent Company and Year Established	d, if any: 4. N	Name/Address of Former Paren	nt Company and Yea	ar Established, if any:	
Telephone: Facsimile:	Tele	ephone:	Facsimile:		
5. Office Locations: (List all locations where offices are curre	ently heing maintained he	ginning with the submitting office	e.)		
	State	Telephone		umber of Personnel	
		Total Nu	mber Personnel:		
6. Current Financial Information: Complete Financial Information	mation Attachment in its e	entirety (as applicable).			
	ost important or essential 011 Fire & Safety 012 Grounds Maintenance 013 Guards & Patrol 014 HVAC Maintenance 015 Industrial Hygienist 016 Interior Design 017 Investigative 018 Janitorial 019 Landscaping 020 Locksmiths	line(s) of business.)	1 Mechanical Mainte 2 Pest Control 3 Security Systems 4 Snow Removal 5 Trash Removal 6 Windows 7	nance	
above, provide the following details including "P" or "S". List	t primary and secondary s	r of Contracts	racts, S001, 2 contracts, S001 Code	Number of Contracts	
7c. Experience Performing on Government contracts for La provide the following details:) Profile Code Number of Contracts F		Profile Code" numbers in the sa er of Contracts	Profile Code	Number of Contracts	
7d. Contract Experience and Past Performance Information for Last 5 Years: Complete the Contract Experience and Past Performance Information. (Provide information concerning at least 5 contracts you have performed in the last 5 years relating to the type of work required by this solicitation. Provide contract experience on Government contracts first then other experience from the largest contracts to the smallest. A copy of the Contract Experience and Past Performance Information Attachment shall be completed for all references.)					
8. Key Personnel Resume: (Provide a copy of the Key Personnel Resume to your manager(s), supervisor(s)s, and alternate(s) who will be working directly on this contract. The form must be completed in its entirety. Make as many copies as necessary. The resumes shall be submitted with your proposal. You are cautioned that you shall utilize the key personnel that you propose in performance of this contract unless the CO approves the change in personnel before performance begins.					
9. Certification: For the purposes of establishing financial responsibility with, or procuring credit from the Government, we certify the above information as a true and correct statement of our financial condition and certify that all other statements are true and correct. There has been no material change in our financial condition since the date of the above statement. We agree to notify you immediately in writing if there is any unfavorable change in our financial condition.					
Name of Business	y	Typed Name and Title of Aut			
Date		Signature of Authorized Office	cial		

Remarks: (Use to complete any sections in this form. Use continuation sheet(s) if necessary.	Identify remarks by the appropriate block number.

CONTRACT EXPERIENCE AND PAST PERFORMANCE INFORMATION Make as many copies of this form as necessary. Have references complete this information and submit it directly to the Contracting Officer. (Use the "Profile Code" numbers in the same sequence as entered in item 7a of the Company Capability, Experience and Past Performance Information Form. In Block 7 below show whether the company was the prime contractor "P," a subcontractor "S," or a consultant "C.". Also show if the company participated as a joint venture, "JV," and the percentage of participation. Attach continuation sheets as necessary.) 2. Secondary Profile 3. Contract Number: 4. Period of Performance: 1. Primary 5. Annual Value of Contract **Profile Code** Codes (list all that From: apply) To: 6. Work Name and Location: 7. Indicate: "P," "S," "C," & "JV & Percentage 8. Company's/Owner's Name and Address: 9. Company's/Owner's Point of Contact Name and Address: Facsimile: Telephone Telephone: Facsimile: 10. Indicate if Specifications ☐ Routine work ☐ Primarily day shift □ Night shift ☐ Complex work were: □ Prescriptive □ Both ☐ Combination of Both ☐ Performance Based If complex, what made it complex: ☐ Combination prescriptive performance based 11. Scope of Work/Specifications: (Describe the major and minor tasks required under this contract.) 12. Conditions of Performance: (Describe unusual requirements, constraints on performance, etc., such as if contract was for an emergency situation, time or mobilization constraints, performing in severe weather, etc.) 13. Specific Facts Concerning the Building(s): (If more than one building in the contract break out the information for each one separately.) a. Number of buildings serviced in the contract __ b. Number of Building Occupants: _ or Percentage of Building Occupied: c. Building Owners and Maintenance Association's (BOMA) square footage of building(s) serviced: \Box 0 – 50,000 □ 100,001 to 250,000 □ 250,001 to 500,000 □ Over 500,000 d. Type of Space in building(s): ☐ general office ☐ executive office ☐ warehouse ☐ medical ☐ day care ☐ laboratory ☐ computer □ court space □ garages □ grounds □ physical fitness □ parking lot □ retail □ other: sq. ft. or acres. e. Approximate area of perimeter of building(s) maintained (grounds, snow, etc.) _ f. Did the building(s) require security clearances? ☐ YES

14. Specific Facts Concerning the Contract:				
a. Were all options available on this contract exercised? ☐ YES ☐ NO ☐ Not Required If NO why not?				
b. Were there additions or deletions to the services negotiated during the period of the contract? ☐ YES ☐ NO If yes for what services?				
c. Were claims filed on this contract? ☐ YES ☐ NO If yes, what for?				
d. Were performance related deficiencies corrected in a timely manner? ☐ YES ☐ NO If NO why not?				
e. Was there a mutual cancellation clause in your contract? ☐ YES ☐ NO Was it utilized? ☐ YES ☐ NO If YES by which party and why?				
f. Was equipment required to be provided by you? YES NO				
g. Were supplies and materials required to be provided by you? ☐ YES ☐ NO				
h. Did the contract require a minimum number of manhours? YES NO Number of supervisors you provided: Number of employees you provided:				
j. Were your key personnel committed to customer satisfaction on this contract? \Boxedown YES \Boxedown NO				
k. Was recycled products, supplies, or materials used in performance? YES NO Not Required				
1. Number of accidents you reported on this contract:				
m. Number of safety violations received on this contract:				
n. Were there any Department of Labor issues or violations on this contract? ☐ YES ☐ NO If YES what for?				
o. Were there any immigration law issues or violations on this contract? ☐ YES ☐ NO If YES what for?				
p. Did you meet your small disadvantaged business target goals on this contract? ☐ YES ☐ NO ☐ Not Required If NO why not?				

14a. Provide Subcontracting Informat Number of subcontractors utilized on the	tion: (Use continuation sheet(s) if necessary.) is contract: Was a su	bcontracting plan required? □ YES □ NO
Company Name/Address/Telephone	Type Work Performed in the Contract	
_	-	
Company Name/Address/Telephone	Type Work Performed in the Contract	Percentage of Work Performed in Contract
	Type Work Performed in the Contract a timely manner with all of your subcontractors no	
If no why not?		
14c. Did you meet your subcontracting If NO why not?	goals on this contract? ☐ YES ☐ NO ☐ No	ot Required
15. Describe Cost Management Measu		_
16. Statement concerning an unfavor information concerning the circumstance necessary.)	able performance evaluation: (If you received a es. You may use a continuation sheet if	n unfavorable evaluation on this contract, provide detailed
,——————————————————————————————————————		